

NOTICE OF FORM CHANGE NO. 06-009

DATE

02/17/2006

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other *See Additional Information below

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SR 9 - Federal Revenue Certification

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 2/06	REPLACES 5/03	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 2/06

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Master Only on the internet.

*Foster Care Group Home and Foster Family Agency Non-Profit Corporations

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

FEDERAL REVENUE CERTIFICATION

Total federal revenue received must be below the \$300,000 federal funding threshold during the corporation's most recent fiscal year to allow the provider to continue submitting a financial audit report only once every three years as a condition to receiving an AFDC-FC rate.

To confirm that total federal revenue remained below the \$300,000 threshold, the Group Home (GH) and/or Foster Family Agency (FFA) corporation must complete and submit this form to the California Department of Social Services (CDSS) within six months after the end of the non-profit corporation's fiscal year for each year the financial audit report is NOT submitted. Submit one form that covers ALL programs within the corporation that receive federal revenue. Submit this certification to:

California Department of Social Services
 Foster Care Audits and Rates Branch
 Program and Financial Audits Bureau
 ATTENTION: Financial Audits Unit Manager
 744 P Street, MS 9-23
 Sacramento, California 95814-6413

GROUP HOME OR FOSTER FAMILY AGENCY CORPORATE NAME	NAME OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER
FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	CORPORATE NUMBER
STREET ADDRESS	PROVIDER PHONE NUMBER
MAILING ADDRESS	PROVIDER FAX NUMBER
CITY, STATE, ZIP	CORPORATION FISCAL YEAR

Below are the individual program numbers (e.g., 1234.XX.XX) for the GH and/or FFA program(s) that receive AFDC-FC Title IV-E funds:

_____, _____, _____, _____, _____

Federal Revenue for Fiscal Year Ending (mo/day/year) _____:

- _____ Group Home (AFDC-FC Title IV-E Funds)
- _____ Foster Family Agency (AFDC-FC Title IV-E Funds)
- _____ Federal Revenue from Other Sources (i.e., Education, Mental Health, etc.)
- _____ **TOTAL FEDERAL REVENUE**

If total federal revenue for the year is \$300,000 or more, the corporation must notify the CDSS Program and Financial Audits Bureau within three months from the end of the corporation's fiscal year and must submit a financial audit report for the year, in accordance with Manual of Policies and Procedures Section 11-405.213 (a).

In compliance with the False Claims Act (31 U.S.C. §3729-3733), I certify that all the information on this form is true and correct.

PRINTED NAME OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER	SIGNATURE OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER	DATE
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